EXECUTIVE LOBBYING EXPENDITURE REPORT FORM 507  COVERING JANUARY 1 - JUNE 20 DUE AUGUST 15		X2-B 694 Executive Lobbyist Registration No.
OUVERING JANUARY 1 - DECEMBE	BER 31 DUR PERRUARY 15	POR OFFICE USE CMLY Postmark Date 2 (13)64
<u>Mail to:</u> the Board of Ethics, 2415 Quall Dr., OR		ER2-2/15/09
Eart 20: (225)763-8787 or (225)763-8780		
1. Name Flyn n Left Star 2.0-  2. Business Address: On e Am e  Firecet and No.	Formand J 40 Floor N City State	3072434 70825 24
Mailing Address <u>Samo</u>	. <u></u> .	<u> </u>
3. Business Phone <u>2255 376.</u> Area Code #	71.44 nd Telephone Number	
<ol> <li>Total of all executive lobbying expending (Include expenditures from Schaduler A 1)</li> </ol>	ures made January 1 through June 30: 1_	<u> </u>
<ol> <li>Total of all executive lobbying expanding (When Applicable) (Include expanditure)</li> </ol>	ares made July 1 shrough December 31: 8_ s from Schedules A and B)	<u> </u>
<ol> <li>Total of all executive lobbying expanding (Line 4 added to Line 5 should equal Line 6)</li> </ol>	mes made during calendar year: \$_	
7. Did you make an expenditure exceeding	\$50 on one eccasion for an executive branch	official:
From Junuary 1 through June 30? From July I through December 31?	Yes □ No 🕅	ма 🗆
If the answer to either question in Numi	ber 7 above is YES, complete Schedule A and	attach,
9. Did you make sopenditures exceeding the	e sum of \$250 for an executive branch officia	<u>.</u>
From January 1 through June 307 From July 1 through December 51?	Year □ No 🛱 Year □ No 🖟	NA []
If the answer to either question to Numbe	er 8 above is YE5, complete Schedule A and :	
<ol> <li>Did you expend funds for any reception, a officials were invited during this reporting</li> </ol>	torial mehanian an ast. A	
Yes	ı □ w Mi	
If the enswer to Number 9 above is YES, c	omplete Schedulo B and arrach,	
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2)	a. Name of Department and Individual Agency:	
	<ul> <li>b. Total of all expenditures made January 1 through June 30s</li> </ul>	
	<ul> <li>c. Total of all expenditures made July 1 through December 3): (When applicable)</li> </ul>	\$
	d. Total of all expenditures made during the calendar years	<b>8</b>
3)	s. Name of Department and Individual Agency:	<del>-</del>
	<ol> <li>Total of all expenditures made   smuzry 1 through   Jame 30;</li> </ol>	\$
	<ul> <li>c. Total of all expenditures made July 1 through December 31: (When applicable)</li> </ul>	<u> </u>
	d. Total of all expenditures made during the calendar year:	\$

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, that all reportable expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature of Labbyin